

EMPLOYMENT APPLICATION

City of Creighton - Creighton, Nebraska

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or in the presence of a non-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for: _____

How Did You Learn About Us?

- Advertisement
- Friend
- Walk-In
- Employment Agency
- Relative
- Other: _____

Name _____ Date ____/____/____
Last First Middle

Address _____ Phone # (____) _____

City _____ State _____ Zip _____ E-mail _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you applied here before? Yes No
If Yes, when? _____

Have you ever been employed with us before? Yes No
If Yes, when? _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you authorized to work in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment.

Available starting date ____/____/____ Full time Part time Temporary Other

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer _____

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ Supervisor's Name _____

Job Title _____ Reason for Leaving _____

Dates of Employment: From _____ To _____ Salary of Hourly Rate _____

Work/Duties Performed _____

Employer _____

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ Supervisor's Name _____

Job Title _____ Reason for Leaving _____

Dates of Employment: From _____ To _____ Salary of Hourly Rate _____

Work/Duties Performed _____

Employer _____

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ Supervisor's Name _____

Job Title _____ Reason for Leaving _____

Dates of Employment: From _____ To _____ Salary of Hourly Rate _____

Work/Duties Performed _____

If you need additional space, please continue on a separate sheet of paper.

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

EDUCATION

School/College Attended:	# of Years	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any special job-related skills and qualifications acquired from employment or other experience:

Driver's License # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military Service? Yes No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. An applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or in my interview may result in termination. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature _____ Date _____

For Personnel Department Only

Remarks _____

Interview report by _____